Assessment of Neonatal Maternal & Child Health (NMCH) in Cambodia for USAID

Disclosure Statement

- The recommendations and findings in the attached presentation are the results of an assessment and analysis pertaining to the health sector in Cambodia. The assessment was conducted by an external consultant team on behalf of USAID.
- The findings and recommendations are the result of a comprehensive document review and a series of consultations with donors, civil society and Royal Government of Cambodia officials.
- An oral presentation, using the attached PowerPoint presentation, was made at the Technical Working Group for Health on March 9th, 2012 to donors, Ministry of Health and civil society.

Proposed NMCH Program

October 2013 – September 2018

Overall USAID Health Portfolio

- HIV/AIDs Program
- NMCH Program
- Integrated Agriculture/Nutrition Program
 - To be designed later this year
- Greater Mekong Region Malaria Project
 - To be designed later this year

NMCH Program Considerations

- Epidemiological Picture: persistently high neonatal mortality; high (but improved) maternal mortality; good progress in post-neonatal & child mortality. High levels of under-nutrition.
- D&D Reforms underway risks and opportunities
- New MoH initiatives in licensing & regulation, Professional Councils
- Government commitment to scaling up HEFs

Recommendation # 1

Quality Improvement of MNCH services through technical training/coaching

and

Capacity-building (CB) of Commune Councils to manage community health activities

These two activities, while different in scope, are "boxed' together because they would both best be implemented by LNGOs positioned at community level.

Quality Improvement of MNCH services through technical training/coaching

5 Main Technical Focus Areas:

- 1. Prevention/Reduction of nutrition-related Maternal and NB Complications
- 2. Rapid Improvements in NB Care
- 3. Improved Management of Obstetric Complications
- 4. Increased availability of full range of FP methods
- 5. Improved Pre-Service Training

Cross-cutting: BCC (Interpersonal communications + mass media)

Prevention of nutrition-related Maternal and NB Complications

Training/coaching to improve:

- anemia detection & management in ANC
- monitoring of maternal wt gain in ANC & appropriate nutritional counseling
 - build on findings in K. Chhnang pilot

Rapidly Improving NB Care

- Coaching/facilitation of HF staff in introduction of "team approach" to newborn care
- Competency-based inservice training (inc. OTJ follow-up) for (1) essential NBC and (2) identification/ management of the sick neonate
 - Build on lessons learned from K. Cham Pilot
 - New SM protocol inc. CPG for neonatal sepsis
- Training of VHSGs in identification/referral of sick neonates
- Coaching of HC staff in improving content of PNC/NBC

Improving Management of Obstetric Complications

- Coaching/CB of govt providers at CPA1, 2 and 3 levels in implementation of new SMP and related CPGs
 - Focus on RH maternity, ICU, ED, surgical services
 - Address missing core competencies and systems issues

Increased availability of full range of FP methods

- Technical assistance (TA)/CB to RHs to provide FP information & services to PP & PAC clients
 - Training/refresher training
 - Facilitation of supply chain
- Post-training coaching for implant roll-out and IUD service expansion

Strengthening Pre-Service

Expert TA to support:

- •Development/incorporation of nutritional content in curiculla for doctors, nurses, midwives
- Professional Councils in reviewing pre-service content and identifying any gaps; facilitate linkages and feedback between Councils & educational institutions (public + private)
- Transfer of lessons learned from in-service/OTJ competency based training for NB care & obstetric complications into pre-service

Capacity-building (CB) of Commune Councils to manage community health activities

- CB to CCs to facilitate institutionalization of VHSG and support for their functions:
 - BCC & community mobilization to increase uptake of key preventive svcs & behaviors
 - C-DOTs
 - CBD
- Facilitation of continued HC technical linkages
- CB/advocacy /facilitation in exerting stewardship over local health services
 - Awareness raising around Client Rights charter
 - Establishment of mechanisms to enforce charter/act on complaints

Recommendation #2: Data for decision-making and advocacy

- TA/CB to health system at sub-national levels in use of data for decision-making and advocacy
- TA/CB to administrative system at all levels in understanding health indicators and priorities
- Assist MoH to further strengthen HIS:
 - incorporation of pvt sector, nat. prgm, civil registration data
 - refinement of diagnostic categories & age breakdown
- Assist MoH in advocating for increased resource allocations to offset declining donor support (e.g. contraceptive commodities)
- OR on specific policy questions (e.g. traditional method use) with development of appropriate strategies

Recommendation #3

Improve Public and Private Sector Quality through Regulation and Licensing

- TA/CB to Professional Councils in:
 - defining core competencies for licensing & registration (w/link to in-service/ pre-service curricula)
 - creating a regulatory framework which establishes minimal standards for practice by private providers
 - creating a system to enforce compliance with established medical protocols
- TA to MoH in further improving the quality of services at private pharmacies (e.g. ensure qualified staff present in pharmacies; develop drug schedules to control level of sales)

Linkages among QI & CB Activities

Level	Quality Improvement	Capacity Building
National	Educational Institutes	МоН
	National Programs	Professional Councils
	Professional Councils	
PRH	PRH (mat/ICU/ED/surg)	PHDs
		Provincial Councils
District	CPA 1 & 2 RHs	District Councils + ODs
HC +	HCs	CCs
community	VHSGs	population

CB/QI thru LNGOs

☐ Information, Policy & Research

■ QI/training TA

Improve Access to Services through Health Financing Mechanisms

- Support Monitoring of HEF Operations
 - Develop sustainable mechanisms linking to quality
 - Ramped up definition of quality
 - Incorporate use of client satisfaction instrument
- TA in design/implementation of new HEF institutional arrangements
- TA on strategy for Social Health Protection
 & operational guidelines

Strengthen detection & management of Pediatric TB

- Assist CENAT in documenting pilot results, developing and disseminating SOPs
- Scale-up RH training in pediatric TB diagnosis & mgmt
- Training to C-DOTs/ VHSGs and health personnel in case detection & referral
- Link to malnutrition rehabilitation programs

Increase availability of services and products through Private Sector Engagement

3 Technical focus areas:

- NGO Clinics
- Social Marketing
- Water/sanitation products (private sector)

- NGO Clinics: RH services w/ special focus on youth; develop business plans for increased cost recovery
- Social Marketing: improved rural market placement, improved cost-recovery; productassociated BCC
- Water/sanitation products: support local private sector in understanding and responding to market (actual and latent) through more flexible pricing systems and strategies to increase rural product placement

Summary of Components

Improve Public and Private Sector Quality through Regulation and Licensing

Improve Access to Services through Health Financing Mechanisms

Increased use of data for decision-making and advocacy

Build capacity of subnational administrative units to make rational, needs-based resource allocations

Increase availability of services and products through **Private**Sector Engagement

- NGO Clinics
- Social Marketing
- WASH product & deployment

Strengthen detection & management of Pediatric TB

QI/training

Communications

TB

Quality Improvement of MNCH services through technical training/coaching

Capacity-building of
Commune Councils to
manage community health
activities